

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>TM</i>	<i>6784</i>	<i>3/24/00</i>
O.I.P.E. CLASSIFIER			<i>5-30-00</i>
FORMALITY REVIEW	<i>ES</i>	<i>64934</i>	<i>5-18-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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